

**STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN**

1

MONTHLY FINANCIAL REPORTING FORM

Submitted on 8/29/2003 5:07:11 PM

1	
1.	FOR THE MONTH ENDING: July 31, 2003
2.	Name: JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA
3.	File Number:(Enter last three digits) 933-0 197
4.	Date Incorporated or Organized: August 14, 1982
5.	Date Licensed as a HCSP: August 15, 1983
6.	Date Federally Qualified as a HCSP:
7.	Date Commenced Operation: August 1, 1983
8.	Mailing Address: 3350 SHELBY ST STE 100 ONTARIO, CA 91764
9.	Address of Main Administrative Office: 3350 SHELBY ST STE 100 ONTARIO, CA 91764
10.	Telephone Number: 909-483-8310
11.	HCSP's ID Number: 68-0465645
12.	Principal Location of Books and Records: 3350 SHELBY ST STE 100 ONTARIO, CA 91764
13.	Plan Contact Person and Phone Number: MICHAEL POLIS 916-441-2430
14.	Financial Reporting Contact Person and Phone Number: ERIC KALTER 909-860-1975
15.	President:* MOHENDER NARULA, DMD
16.	Secretary:* SATISH BHUTANI
17.	Chief Financial Officer:* ERIC KALTER 909-860-1975
18.	Other Officers:* MINA NARULA, DDS
19.	
20.	
21.	
22.	Directors:* SATISH BHUTANI
23.	GARY HALL
24.	RONALD SCHWARTZ
25.	STEPHEN SENKO
26.	ERIC KALTER
27.	
28.	
29.	
30.	
31.	

The officers listed on lines 15 through 17 of the health care service plan noted on line 2, being duly sworn, each for himself or herself, deposes and says that they are the officers of the said health care service plan, and that, for the reporting period stated above, all of the herein assets were the absolute property of the said health care service plan, free and clear from any liens or claims thereon, except as herein stated, and that these financial statements, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said health care service plan as of the reporting period stated above, and of its income and deductions therefrom for the period reported, according to the best of their information, knowledge and belief, respectively.




32. President	MOENDER NARULA (please type for valid signature)
33. Secretary	SATISH BHUTANI (please type for valid signature)
34. Chief Financial Officer	ERIC KALTER (please type for valid signature)
* Show full name (initials not accepted) and indicate by sign (#) those officers and directors who did not occupy the indicated position in the previous statement.	
35.	If this is a revised filing, check here and complete question 4 on Page 2: <input type="checkbox"/>
36.	If all dollar amounts are reported in thousands (000), check here <input type="checkbox"/>

Check My Work.

STATE OF CALIFORNIA
DEPARTMENT OF MANAGED HEALTH CARE
HEALTH CARE SERVICE PLAN

MONTHLY FINANCIAL REPORTING FORM

SUPPLEMENTAL INFORMATION

		1
1.	Are footnote disclosures attached with this filing?	Yes 
2.	Is the attached reporting form filed on a consolidated or combined basis? If "Yes", the plan is required to file consolidating or combining schedules.	No 
3.	Is the plan required to file additional information (i.e. parent/affiliate financial statements, claims reports, etc.) that is required by the Department?	No 
4.	If this is a revised reporting form, what is/are the reason(s) for the revision?	

STATEMENT AS OF 7-31-2003 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

REPORT #1 ---- PART A: ASSETS

1	2
CURRENT ASSETS:	Current Period
1. Cash and Cash Equivalents	4,981
2. Short-Term Investments	
3. Premiums Receivable - Net	
4. Interest Receivable	1,420
5. Shared Risk Receivables - Net	
6. Other Health Care Receivables - Net	
7. Prepaid Expenses	37,383
8. Secured Affiliate Receivables - Current	
9. Unsecured Affiliate Receivables - Current	
10. Aggregate Write-Ins for Current Assets	0
11. TOTAL CURRENT ASSETS (Items 1 to 10)	43,784
OTHER ASSETS:	
12. Restricted Assets	50,000
13. Long-Term Investments	
14. Intangible Assets and Goodwill - Net	452,304
15. Secured Affiliate Receivables - Long-Term	
16. Unsecured Affiliate Receivables - Past Due	
17. Aggregate Write-Ins for Other Assets	2,898
18. TOTAL OTHER ASSETS (Items 12 to 18)	505,202
PROPERTY AND EQUIPMENT	
19. Land, Building and Improvements	1,448,672
20. Furniture and Equipment - Net	13,127
21. Computer Equipment - Net	84,486
22. Leasehold Improvements -Net	
23. Construction in Progress	
24. Software Development Costs	
25. Aggregate Write-Ins for Other Equipment	0
26. TOTAL PROPERTY AND EQUIPMENT (Items 19 to 25)	1,546,285
27. TOTAL ASSETS	2,095,271
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR CURRENT ASSETS	
1001.	
1002.	
1003.	
1004.	
1098. Summary of remaining write-ins for Item 10 from overflow page	
1099. TOTALS (Items 1001 thru 1004 plus 1098)	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER ASSETS	
1701. DEPOSITS	2,898
1702.	
1703.	
1704.	
1798. Summary of remaining write-ins for Item 17 from overflow page	
1799. TOTALS (Items 1701 thru 1704 plus 1798)	2,898
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER EQUIPMENT	
2501.	
2502.	
2503.	
2504.	
2598. Summary of remaining write-ins for Item 25 from overflow page	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	0

STATEMENT AS OF 7-31-2003 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

REPORT #1 ---- PART B: LIABILITIES AND NET WORTH

1	2	3	4
	Current Period		
	Contracting	Non-Contracting	Total
CURRENT LIABILITIES:			
1. Trade Accounts Payable	62,158	XXX	62,158
2. Capitation Payable	1,813	XXX	1,813
3. Claims Payable (Reported)			0
4. Incurred But Not Reported Claims			0
5. POS Claims Payable (Reported)			0
6. POS Incurred But Not Reported Claims			0
7. Other Medical Liability			0
8. Unearned Premiums	196,570	XXX	196,570
9. Loans and Notes Payable	26,135	XXX	26,135
10. Amounts Due To Affiliates - Current		XXX	0
11. Aggregate Write-Ins for Current Liabilities	13,005	0	13,005
12. TOTAL CURRENT LIABILITIES (Items 1 to 11)	299,681	0	299,681
OTHER LIABILITIES:			
13. Loans and Notes Payable (Not Subordinated)	1,030,942	XXX	1,030,942
14. Loans and Notes Payable (Subordinated)	567,121	XXX	567,121
15. Accrued Subordinated Interest Payable		XXX	0
16. Amounts Due To Affiliates - Long Term		XXX	0
17. Aggregate Write-Ins for Other Liabilities	0	XXX	0
18. TOTAL OTHER LIABILITIES (Items 13 to 18)	1,598,063	XXX	1,598,063
19. TOTAL LIABILITIES	1,897,744	0	1,897,744
NET WORTH			
20. Common Stock	XXX	XXX	2,000
21. Preferred Stock	XXX	XXX	
22. Paid In Surplus	XXX	XXX	640,784
23. Contributed Capital	XXX	XXX	
24. Retained Earnings (Deficit)/Fund Balance	XXX	XXX	-445,257
25. Aggregate Write-Ins for Other Net Worth Items	XXX	XXX	0
26. TOTAL NET WORTH (Items 20 to 25)	XXX	XXX	197,527
27. TOTAL LIABILITIES AND NET WORTH	XXX	XXX	2,095,271
DETAILS OF WRITE-INS AGGREGATED AT ITEM 11 FOR CURRENT LIABILITIES			
1101. COMMISSIONS PAYABLE	5,005		5,005
1102. ACCRUED PROFESSIONAL FEES	8,000		8,000
1103.			0
1104.			0
1198. Summary of remaining write-ins for Item 11 from overflow page			0
1199. TOTALS (Items 1101 thru 1104 plus 1198)	13,005	0	13,005
DETAILS OF WRITE-INS AGGREGATED AT ITEM 17 FOR OTHER LIABILITIES			
1701.		XXX	0
1702.		XXX	0
1703.		XXX	0
1704.		XXX	0
1798. Summary of remaining write-ins for Item 17 from overflow page		XXX	0
1799. TOTALS (Items 1701 thru 1704 plus 1798)	0	XXX	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR OTHER NET WORTH ITEMS			
2501.	XXX	XXX	
2502.	XXX	XXX	
2503.	XXX	XXX	
2504.	XXX	XXX	
2598. Summary of remaining write-ins for Item 25 from overflow page	XXX	XXX	
2599. TOTALS (Items 2501 thru 2504 plus 2598)	XXX	XXX	0

STATEMENT AS OF 7-31-2003 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

REPORT #2: REVENUE, EXPENSES AND NET WORTH

	1	2
	Current Period	Year-To-Date
REVENUES:		
1. Premiums (Commercial)	54,214	438,752
2. Capitation		
3. Co-payments, COB, Subrogation		
4. Title XVIII - Medicare		
5. Title XIX - Medicaid		
6. Fee-For-Service		
7. Point-Of-Service (POS)		
8. Interest	0	1,532
9. Risk Pool Revenue		
10. Aggregate Write-Ins for Other Revenues	7,556	51,873
11. TOTAL REVENUE (Items 1 to 10)	61,770	492,157
EXPENSES:		
Medical and Hospital		
12. Inpatient Services - Capitated		
13. Inpatient Services - Per Diem		
14. Inpatient Services - Fee-For-Service/Case Rate		
15. Primary Professional Services - Capitated	9,745	88,568
16. Primary Professional Services - Non-Capitated		
17. Other Medical Professional Services - Capitated	8,673	64,909
18. Other Medical Professional Services - Non-Capitated		
19. Non-Contracted Emergency Room and Out-of-Area Expense, not including POS	-150	1,550
20. POS Out-Of-Network Expense		
21. Pharmacy Expense - Capitated		
22. Pharmacy Expense - Fee-for-Service		
23. Aggregate Write-Ins for Other Medical and Hospital Expenses	4,940	36,729
24. TOTAL MEDICAL AND HOSPITAL (Items 12 to 23)	23,208	191,756
Administration		
25. Compensation	3,513	69,732
26. Interest Expense	7,072	50,890
27. Occupancy, Depreciation and Amortization	1,907	13,405
28. Management Fees		
29. Marketing	7,861	76,168
30. Affiliate Administration Services		
31. Aggregate Write-Ins for Other Administration	29,035	191,930
32. TOTAL ADMINISTRATION (Items 25 to 31)	49,388	402,125
33. TOTAL EXPENSES	72,596	593,881
34. INCOME (LOSS)	-10,826	-101,724
35. Extraordinary Item		
36. Provision for Taxes	0	800
37. NET INCOME (LOSS)	-10,826	-102,524
NET WORTH:		
38. Net Worth Beginning of Period	188,353	194,058
39. Audit Adjustments		
40. Increase (Decrease) in Common Stock		
41. Increase (Decrease) in Preferred Stock		
42. Increase (Decrease) in Paid in Surplus	20,000	105,993
43. Increase (Decrease) in Contributed Capital		
44. Increase (Decrease) in Retained Earnings:		
45. Net Income (Loss)	-10,826	-102,524
46. Dividends to Stockholders		
47. Aggregate Write-Ins for Changes in Retained Earnings	0	0
48. Aggregate Write-Ins for Changes in Other Net Worth Items	0	0
49. NET WORTH END OF PERIOD (Items 38 to 48)	197,527	197,527

STATEMENT AS OF 7-31-2003 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

REPORT #2: REVENUE, EXPENSES AND NET WORTH

1	2	3
	Current Period	Year-to-Date
DETAILS OF WRITE-INS AGGREGATED AT ITEM 10 FOR OTHER REVENUES		
1001. RENTAL INCOME	7,556	51,873
1002.		
1003.		
1004.		
1005.		
1006.		
1098. Summary of remaining write-ins for Item 10 from overflow page		
1099. TOTALS (Items 1001 thru 1006 plus 1098)	7,556	51,873
DETAILS OF WRITE-INS AGGREGATED AT ITEM 23 FOR OTHER MEDICAL AND HOSPITAL EXPENSES		
2301. OTHER MEDICAL EXPENSES	4,940	36,729
2302.		
2303.		
2304.		
2305.		
2306.		
2398. Summary of remaining write-ins for Item 23 from overflow page		
2399. TOTALS (Items 2301 thru 2306 plus 2398)	4,940	36,729
DETAILS OF WRITE-INS AGGREGATED AT ITEM 31 FOR OTHER ADMINISTRATIVE EXPENSES		
3101. EQUIPMENT RENTAL	967	10,003
3102. INSURANCE	1,577	15,198
3103. DMHC ASSESSMENTS	1,068	10,618
3104. OUTSIDE CONSULTANTS	12,315	82,486
3105. DEPRECIATION & AMORTIZATION	9,292	52,020
3106. ADMINISTRATIVE EXPENSES	3,816	21,605
3198. Summary of remaining write-ins for Item 31 from overflow page		
3199. TOTALS (Items 3101 thru 3106 plus 3198)	29,035	191,930
DETAILS OF WRITE-INS AGGREGATED AT ITEM 47 FOR CHANGES IN RETAINED EARNINGS		
4701.		
4702.		
4703.		
4704.		
4705.		
4706.		
4798. Summary of remaining write-ins for Item 47 from overflow page		
4799. TOTALS (Items 4701 thru 4706 plus 4798)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 48 FOR CHANGES OF OTHER NET WORTH ITEMS		
4801.		
4802.		
4803.		
4804.		
4805.		
4806.		
4898. Summary of remaining write-ins for Item 48 from overflow page		
4899. TOTALS (Items 4801 thru 4806 plus 4898)	0	0

REPORT #3: STATEMENT OF CASH FLOWS

1	2	3
	Current Period	Year-to-Date
CASH FLOW PROVIDED BY OPERATING ACTIVITIES		
1. Group/Individual Premiums/Capitation	47,317	412,821
2. Fee-For-Service		
3. Title XVIII - Medicare Premiums		
4. Title XIX - Medicaid Premiums		
5. Investment and Other Revenues	7,556	53,736
6. Co-Payments, COB and Subrogation		
7. Medical and Hospital Expenses	-20,991	-183,465
8. Administration Expenses	-43,875	-312,750
9. Federal Income Taxes Paid		
10. Interest Paid	-7,072	-50,891
11. NET CASH PROVIDED BY OPERATING ACTIVITIES	-17,065	-80,549
CASH FLOW PROVIDED BY INVESTING ACTIVITIES		
12. Proceeds from Restricted Cash and Other Assets		
13. Proceeds from Investments		
14. Proceeds for Sales of Property, Plant and Equipment		
15. Payments for Restricted Cash and Other Assets		
16. Payments for Investments		
17. Payments for Property, Plant and Equipment		
18. NET CASH PROVIDED BY INVESTING ACTIVITIES	0	0
CASH FLOW PROVIDED BY FINANCING ACTIVITIES:		
19. Proceeds from Paid in Capital or Issuance of Stock	20,000	105,993
20. Loan Proceeds from Non-Affiliates		
21. Loan Proceeds from Affiliates		
22. Principal Payments on Loans from Non-Affiliates	-2,058	-13,032
23. Principal Payments on Loans from Affiliates		
24. Dividends Paid		
25. Aggregate Write-Ins for Cash Provided by Financing Activities	0	0
26. NET CASH PROVIDED BY FINANCING ACTIVITIES	17,942	92,961
27. NET INCREASE (DECREASE) IN CASH (Items 11, 18 & 26)	877	12,412
28. CASH AND CASH EQUIVALENTS AT THE BEGINNING OF THE MONTH	4,104	-7,431
29. CASH AND CASH EQUIVALENTS AT THE END OF THE MONTH	4,981	4,981
RECONCILIATION OF NET INCOME TO NET CASH PROVIDED BY OPERATING ACTIVITIES:		
30. Net Income	-10,826	-102,524
Adjustments to Reconcile Net Income to Net Cash Provided by Operating Activities		
31. Depreciation and Amortization	9,292	52,020
32. Decrease (Increase) in Receivables	110	440
33. Decrease (Increase) in Prepaid Expenses	1,225	-23,914
34. Decrease (Increase) in Affiliate Receivables		
35. Increase (Decrease) in Accounts Payable	-12,185	19,002
36. Increase (Decrease) in Claims Payable and Shared Risk Pool		
37. Increase (Decrease) in Unearned Premium	-6,897	-25,932
38. Aggregate Write-Ins for Adjustments to Net Income	2,216	359
39. TOTAL ADJUSTMENTS (Items 31 through 38)	-6,239	21,975
40. NET CASH PROVIDED BY OPERATING ACTIVITIES (Item 30 adjusted by Item 39 must agree to Item 11)	-17,065	-80,549
DETAILS OF WRITE-INS AGGREGATED AT ITEM 25 FOR CASH FLOW PROVIDED BY FINANCING ACTIVITIES		
2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Item 25 from overflow page		
TOTALS (Items 2501 thru 2503 plus 2598)	0	0
DETAILS OF WRITE-INS AGGREGATED AT ITEM 38 FOR ADJUSTMENTS TO NET INCOME		
3801. INCREASE (DECREASE) IN ACCRUED CAPITATION & COMMISSION	2,216	359
3802.		
3803.		
3898. Summary of remaining write-ins for Item 38 from overflow page		
3899. TOTALS (Items 3801 thru 3803 plus 3898)	2,216	359

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REPORT #4: ENROLLMENT AND UTILIZATION TABLE**TOTAL ENROLLMENT**

1 Source of Enrollment	2 Total Enrollees At End of Previous Period	3 Additions During Period	4 Terminations During Period	5 Total Enrollees at End of Period	6 Cumulative Enrollee Months for Period	Total Member Ambulatory Encounters for Period			10 Total Patient Days Incurred	11 Annualized Hospital Days/1000	12 Average Length of Stay
						7 Physicians	8 Non-Physicians	9 Total			
1. Group (Commercial)				0				0			
2. Medicare Risk				0				0			
3. Medi-Cal Risk				0				0			
4. Individual	10,531	243	489	10,285	10,285			0		0	
5. Point of Service				0				0			
6. Aggregate write-ins for Other	0	0	0	0	0	0	0	0	0		
7. Total Membership	10,531	243	489	10,285	10,285	0	0	0	0	0	
DETAILS OF WRITE-INS AGGREGATED AT ITEM 6 FOR OTHER SOURCES OF ENROLLMENT											
601. Small Group				0				0			
602. Healthy Families				0				0			
603. AIM				0				0			
604. Medicare Cost				0				0			
605. ASO				0		N/A	N/A	N/A	N/A	N/A	N/A
606. PPO				0				0			
607.				0				0			
608.				0				0			
609.				0				0			
610.				0				0			
611.				0				0			
612.				0				0			
Summary of remaining write-ins for											
698. Item 6 from overflow page				0				0			
Totals (lines 601 through 612 plus											
699. 698) (Line 6 above)	0	0	0	0	0	0	0	0	0		

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NOTES TO FINANCIAL STATEMENTS	
1.	Please see attached notes.
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OVERFLOW PAGE FOR WRITE-INS	
1.	Please see attached notes.
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STATEMENT AS OF 7-31-2003 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

KNOX-KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1300.84.06 AND 1300.84.2

		1		2
1.	Net Equity		\$	197,527
2.	Add: Subordinated Debt		\$	567,121
3.	Less: Receivables from officers, directors, and affiliates		\$	0
4.	Intangibles		\$	452,304
5.	Tangible Net Equity (TNE)		\$	312,344
6.	Required Tangible Net Equity (See Below)		\$	50,000
7.	TNE Excess (Deficiency)		\$	262,344
		Full Service Plans		Specialized Plan
A.	Minimum TNE Requirement	\$ 1,000,000	Minimum TNE Requirement	\$ 50,000
B. REVENUES:				
8.	2% of the first \$150 million of annualized premium revenues	\$	2% of the first \$7.5 million of annualized premium revenue	\$ 15,043
	Plus		Plus	
9.	1% of annualized premium revenues in excess of \$150 million	\$	1% of annualized premium revenue in excess of \$7.5 million	\$ 0
10.	Total	\$ 0	Total	\$ 15,043
C. HEALTHCARE EXPENDITURES:				
11.	8% of the first \$150 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$	8% of the first \$7.5 million of annualized health care expenditures, except those paid on a capitated or managed hospital basis.	\$ 26,298
	Plus		Plus	
12.	4% of annualized health care expenditures in excess of \$150 million except those paid on a capitated or managed hospital payment basis.	\$	4% of annualized health care expenditures in excess of \$7.5 million except those paid on a capitated or managed hospital payment basis.	\$ 0
	Plus		Plus	
13.	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$	4% of the annualized hospital expenditures paid on a managed hospital payment basis.	\$ 0
14.	Total	\$ 0	Total	\$ 26,298
15.	Required "TNE" - Greater of "A" "B" or "C" \$		Required "TNE" - Greater of "A" "B" or "C" \$	50,000

**KNOX -KEENE
SUPPLEMENTAL INFORMATION
PURSUANT TO SECTIONS 1374.64**

POINT OF SERVICE (POS) "ADJUSTED" TANGIBLE NET EQUITY CALCULATION

Calculation of Tangible Net Equity and required Tangible Net Equity in accordance with Section 1374.64:

	1
1. Net Equity	\$ 197,527
2. Add: Subordinated Debt	\$ 567,121
3. Less: Receivables from officers, directors, and affiliates	\$
4. Intangibles	\$ 452,304
5. Tangible Net Equity (TNE)	\$ 312,344
6. Required Tangible Net Equity (From Line 18 below)	\$ 50,000
7. TNE Excess (Deficiency)	\$ 262,344
ADJUSTED REQUIRED MINIMUM TANGIBLE NET EQUITY CALCULATION:	
I. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(1) or (2):	
8. Minimum TNE as calculated under Rule 1300.76 (a)(1) or (2)	\$
9. 10% of annualized health care expenditures for out-of-network service for point-of-service enrollees	\$
10. Add lines 8 and 9	\$ 0
II. Plan is required to have and maintain TNE as required by Rule 1300.76 (a)(3):	
<u>PART A</u>	
11. Minimum TNE as recalculated to exclude annualized healthcare expenditures for out-of-network services for point-of-service enrollees (attach worksheet Page 15)	\$
12. 10% of annualized health care expenditures for out-of-network services for point-of-service enrollees	\$
13. Add lines 11 and 12	\$ 0

STATEMENT AS OF 7-31-2003 OF 933-0197 JAIMINI HEALTH INC DBA HEALTHDENT OF CALIFORNIA

POS WORKSHEET FOR ADJUSTED TANGIBLE NET EQUITY CALCULATION

	1 Full Service Plans	2 Specialized Plans
1. Health care expenditures for period	\$ <input type="text"/>	\$ <input type="text"/>
Less:		
2. Capitated or managed hospital payment basis expenditures	<input type="text"/>	<input type="text"/>
3. Health care expenditures for out-of-network services for point-of-service enrollees	<input type="text"/>	<input type="text"/>
4. Result	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Annualized	<input type="text"/>	<input type="text"/>
6. Reduce to maximum of \$150 million	<input type="text"/>	<input type="text"/>
7. Multiply by 8%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
8. Annualized health care expenditures except those paid on a capitated or managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
9. Line 8 less \$150 million	<input type="text"/>	<input type="text"/>
10. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Plus		
11. Annualized hospital expenditures paid on a managed hospital payment basis and excluding health care expenditures for out-of-network services for point-of-service enrollees	\$ <input type="text"/>	\$ <input type="text"/>
12. Multiply by 4%	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
13. Total	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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